

<p>Vermont Secretary of State Office of Professional Regulation Attn: Renewal Clerk National Life Building, North FL 2 Montpelier VT 05620-3402</p>		<p>Vermont Board of Nursing Renewal Clerk (802) 828-1505 www.vtprofessionals.org</p>
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Licensed Practical Nurse Renewal Application

<p>Current Expiration 01/31/2012</p>	<p>Renewal Period Covering 02/01/2012 through 01/31/2014</p>	<p>Renewal Application Fee \$95.00 [Non-Refundable Processing Fee] Checks Payable to: Vermont Secretary of State</p>
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<p>You Must Complete The Information Below:</p> <p>License #: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/ZIP: _____</p> <p>Country: _____</p>	<p>For Office Use Only</p>
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Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Vermont Secretary of State." **The renewal application fee is non-refundable.** If the completed renewal, along with all supporting documentation, is not received in the Office by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00 in late fees.

Reminder: You may not practice your licensed profession without an active license.

<p>Has your name changed since you last renewed, or were originally licensed?</p> <p><i>If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.</i></p>	<p>(Circle One)</p> <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

Section A: Demographic Information

<p>If your mailing address has changed, indicate your new address in the box to the right.</p> <p>Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. §129a(a)(14)).</p>	<p>P.O. Box</p> <hr/> <p>Street/Apt #</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Country</p>
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<p>If your 911 address has changed, indicate your new address in the box to the right.</p>	<p>Street/Apt #</p> <hr/> <p>Suite/Department/Floor</p> <hr/> <p>City/State/Zip</p>
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<p>Phone: () - </p>	<p>Cell Phone: () - </p>
<p>E-Mail Address: _____</p>	

<p>Date of Birth (MM/DD/YYYY)</p>	<p>Gender: (Circle One)</p>	
<p>/ / </p>	<p>Male</p>	<p>Female</p>

Social Security Number: _____ / _____ / _____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number: _____ (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a) **If you Passport # has changed since your last application, you MUST submit a new copy.**

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders (15 V.S.A. §795(c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

TAXES:

Tax Compliance (32 V.S.A. §3113(b)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. §1110(b and c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is “**Yes**,” follow the provided instructions. **Since you were originally licensed or since you completed your last renewal application:**

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If “Yes,” provide a detailed written explanation and attach all related documents.</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration in any profession or occupation? <i>If “Yes,” attach a copy of the order or official notification of the action.</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If “Yes,” provide a copy of the order or official notification of the action.</i>	Yes	No
Have you surrendered a license, certificate, or registration to a licensing authority? <i>If “Yes,” provide a detailed written explanation.</i>	Yes	No
Are you currently under investigation by another licensing authority? <i>If “Yes,” provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Have you been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not minor) <i>If “Yes,” provide a detailed written explanation and attach the official certified court documents.</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If “Yes,” provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No

Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If “Yes,” please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If “Yes,” provide a detailed written explanation.</i>	Yes	No
Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If “Yes”, provide a detailed written explanation.</i>	Yes	No
Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If “Yes,” please provide the contract/stipulation under which you are practicing.</i>	Yes	No

Section D: LPN Practice & Experience Requirements

Part 9.1 Education & Practice Requirements

Practice of nursing at the level of licensure within the past five years means practice as described in 26 V.S.A. §1572, definitions, for at least 120 days, 960 hours, in the five years prior to the expiration date or 50 days, 400 hours, within the two years prior to the expiration date. Eight hours are equivalent to one day of nursing practice.

Practice & Experience Requirement

(Check the box that applies to your license.)

	<p>I graduated from my original/initial LPN Nursing education program <u>within the last five (5) years [02/01/2007 – 01/31/2012]</u>; therefore I do not have to provide Employment History for this renewal.</p>
	<p>I graduated from my original/initial LPN Nursing education program <u>prior to 02/01/2007 AND</u> have practiced as an LPN for 50 days (400 hours) within the last two (2) years OR 120 days (960 hours) within the last five (5) years.</p> <p>I <u>MUST</u> complete the Employment History (Section E) in order for this renewal to be processed.</p>
	<p>I successfully completed a Board approved LPN Re-entry program <u>within the last five (5) years [02/01/2007 – 01/31/2012]</u>; therefore I do not have to provide Employment History for this renewal.</p>
	<p>I graduated from my original/initial LPN Nursing education program more than five (5) years ago, however have <u>NOT</u> practiced to meet the required hours.</p> <p>[You are unable to renew your license at this time. Contact the Board of Nursing office.]</p>

Section E: Employment History

Provide the following information for all LPN employment within the last five (5) years

Start with your most recent employment first [ALL information is mandatory].

Your Job Title		
Paid or Volunteer? (circle one)	Paid	Volunteer
Full time (circle one)	Yes	No
Part time (circle one)	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u> / /	<u>To (MM/DD/YYYY)</u> / /
Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip/Country	
Agency/Institution Phone #	()	
Supervisor Name & Title		

Your Job Title		
Paid or Volunteer? (circle one)	Paid	Volunteer
Full time (circle one)	Yes	No
Part time (circle one)	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u> / /	<u>To (MM/DD/YYYY)</u> / /
Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip/Country	
Agency/Institution Phone #	()	
Supervisor Name & Title		

Name: _____

License Number: _____

Section F: Practice & Experience Requirements (continued)

Your Job Title		
Paid or Volunteer? (circle one)	Paid	Volunteer
Full time (circle one)	Yes	No
Part time (circle one)	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u> / /	<u>To (MM/DD/YYYY)</u> / /
Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip/Country	
Agency/Institution Phone #	()	
Supervisor Name & Title		

Your Job Title		
Paid or Volunteer? (circle one)	Paid	Volunteer
Full time (circle one)	Yes	No
Part time (circle one)	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u> / /	<u>To (MM/DD/YYYY)</u> / /
Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip/Country	
Agency/Institution Phone #	()	
Supervisor Name & Title		

Name: _____

License Number: _____

Section G: Private Duty –or– Volunteer

1. Did you practice as a Licensed Practical Nurse in a private duty or volunteer capacity?	Yes	No
2. If “Yes” to question 1; do you need to use these private duty or volunteer hours to fulfill the practice requirement (50 days OR 400 hours within the last 2 years OR 120 days OR 960 hours within the last 5 years) to renew your LPN license?	Yes	No

If **YES** to both questions above attach the following documentation:

Private Duty:

1. An Official letter from the client/patient’s Attending Physician or Advanced Practice Registered Nurse (APRN) on their letterhead, stating that LPN care was required. The letter must clearly list the Physician or APRN name, title, contact telephone number and have their signature.
2. A letter from your Employer or Client, verifying your role and duties as a Private Duty Nurse. They must verify the number of days worked, number of hours worked per day and the beginning to end date of employment (mm/dd/yyyy – mm/dd/yyyy). The letter must clearly list the Employer/Client name, contact telephone number, email address, mailing address and have their signature.

Volunteer:

1. An Official letter from your Employer sent directly to the Vermont Board of Nursing office from the Director of Nursing or Director of Human Resources. A copy of your Job Description as a Volunteer Nurse, and a letter listing the number of days worked, number of hours worked per day and the beginning to end date of employment (mm/dd/yyyy – mm/dd/yyyy). The letter must clearly list the name of the Director of Nursing or Director of Human Resources, their telephone number, email address, mailing address and have their signature.

Section H: Affirmation

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant **** (REQUIRED) ****

Date (MM/DD/YYYY)

Print Name:

License #

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(Renewal Form Licensed Practical Nurse (LPN) January 2012)

Name: _____

License Number: _____

Office of Professional Regulation
Vermont Board of Nursing
National Life Building, North, Floor 2
Montpelier, VT 05620-3402
Phone: (802) 828-1505 Fax: (802) 828-2465
www.vtprofessionals.org

**Vermont Office of Professional Regulation Survey (optional)
2012 Renewal**

1. Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
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2. Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
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3. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?	Yes	No
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If you answered "Yes" to the question above, what is your area of expertise?

Name: _____

License Number: _____